

*Exhibit 3 – CMS Conditional Payment Report*



TOS	ICN	Line #	Processing Contractor	Provider Name/NPI#	ICD Ind	***DX Codes	**HCPCS / DRG	From Date	To Date	Total Charges	Reimbursed Amount	Conditional Payment
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TOS	ICN	Line #	Processing Contractor	Provider Name/NPI#	ICD Ind	***DX Codes	**HCPCS / DRG	From Date	To Date	Total Charges	Reimbursed Amount	Conditional Payment

\*\*H - HCPCS Code, D - DRG Code

\*\*\*Part-A Claim Primary Diagnosis Code is denoted in bold font

Sum of Total Charges	\$878,956.61
Total Reimbursed Amount	\$134,837.22
Total Conditional Payments	\$133,588.38

